C	Case 3:08-cv-03921-EMC Document 2 Filed 08/15/2008 Page 1 of 4
	E-filing
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4	AUG 1 5 2008
5	RICHARD W. WIEKING CLERK, U.S. DISTRICT COURT
6	OAKLAND CALIFORNIA
7	
8	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA
9	
10	C08-03921
11	$ \begin{array}{c} \text{Odv} (\text{oleman}) \\ \text{Plaintiff,} \end{array} $ $ \begin{array}{c} \text{COSE NO.} \\ \text{CASE NO.} \end{array} $
12	vs. APPLICATION TO PROCEED IN FORMA PAUPERIS
13	Socretary Dant of
\rightarrow 14	Homelove Security Defendant.
15	John Colaman
16	I, JOHN COILINA, declare, under penalty of perjury that I am the plaintiff
17	in the above entitled case and that the information I offer throughout this application is true and
18	correct. I offer this application in support of my request to proceed without being required to
19	prepay the full amount of fees, costs or give security. I state that because of my poverty I am
20	unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.
21	In support of this application, I provide the following information:
22	1. Are you presently employed? Yes No
23	If your answer is "yes," state both your gross and net salary or wages per month, and give the
24	name and address of your employer:
25	Gross: Net:
26	Employer:
27	
28	If the answer is "no," state the date of last employment and the amount of the gross and net salary
	Form-Intake 3 (Rev. 4/05) - 1 -

1	and wages	per month which you received.	
2	-8/2	001 - A 200 week	
3			
4 5	2. Hav	a you magived, within the nest twelve (12) months, one many from our of the	
6	2. Have you received, within the past twelve (12) months, any money from any of the following sources:		
7		, /	
	a.		
8	,	self employment?	
9	b.	Income from stocks, bonds, Yes No	
10		or royalties?	
11	c.	Rent payments? Yes No	
12	d.	Pensions, annuities, or Yes No	
13		life insurance payments?	
14	e.	Federal or State welfare payments, Yes No	
15		Social Security or other govern-	
16		ment source?	
17	If the answer is "yes" to any of the above, describe each source of money and state the amount		
18	received from each.		
19	11/07-4/08 ROCUR. G. A. Food Stumps		
20			
21	3. Are	you married? Yes No	
22	Spouse's Full Name:		
23	Spouse's Place of Employment:		
24	Spouse's Monthly Salary, Wages or Income:		
25	Gross \$ Net \$		
26	4. a.	List amount you contribute to your spouse's support:\$	
27	ь.	List the persons other than your spouse who are dependent upon you for support	
28		and indicate how much you contribute toward their support. (NOTE: For minor	
	Form-Intake 3 (Rev. 4/05) - 2 -		

1	children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)
2	
3	
4	5. Do you own or are you buying a home? Yes No
5	Estimated Market Value: \$ Amount of Mortgage: \$
6	6. Do you own an automobile? Yes No
7	Make Year Model
8	Is it financed? Yes No If so, Total due: \$
9	Monthly Payment: \$
10	7. Do you have a bank account? Yes No(Do not include account numbers.)
11	Name(s) and address(es) of bank: Well's Found 10wel (extern
12	Hamida, Ot.
13	Present balance(s): \$ 3000
14	Do you own any cash? Yes No Amount: \$
15	Do you have any other assets? (If "yes," provide a description of each asset and its estimated
16	market value.) Yes No
17	
18	8. What are your monthly expenses?
19	Rent: \$ Utilities:
20	Food: \$ Clothing:
21	Charge Accounts:
22	Name of Account Monthly Payment Total Owed on This Account
23	\$ \$
24	\$\$
25	\$ \$
26	9. Do you have any other debts? (List current obligations, indicating amounts and to whom
27	they are payable. Do <u>not</u> include account numbers.)
28	Der Ordit Raport, only Maruges bill-from 06'
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Document 2 Case 3:08-cv-03921-EMC Filed 08/15/2008 Page 4 of 4 Does the complaint which you are seeking to file raise claims that have been presented in 10. other lawsuits? Yes ____ No ___ Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed. I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims DATE SIGNATURE OF APPLICANT